THIS INSTRUMENT PREPARED BY:
FREEMAN & BRACEY, PLC
P. O. Box 527
885 Conference Drive, Suite 500
Goodlettsville, Tennessee 37070-0527

Karen Johnson Davidson County
Batch# 954286 AFFIDAVITH
12/21/2022 02:57:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20221221-0131882

# AFFIDAVIT OF HEIRSHIP

The undersigned, Affiant, **SILAS P. GARDNER**, a resident of Davidson County, Tennessee, being first duly sworn and according to law, being of lawful age and pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby deposes and swears to the following on his own free will and based upon personal knowledge and familiarity:

1. The said **KENNETH RAY GARDNER** (the "Decedent") died intestate on February 17, 2020.

2. The said **KENNETH RAY GARDNER,** at the time of his death, was married to **DEBORAH GARDNER**.

3. The Decedent had four (4) natural child born to him during his lifetime: namely, **TREMAINE J. GARDNER, KENDRA LAUREL GARDNER, CHARMEL D. GARDNER, and KENDALL SUMMERS** and he had no other children born to or adopted by him during his lifetime.

4. That the said **DEBORAH GARDNER, TREMAINE J. GARDNER, KENDRA LAUREL GARDNER, CHARMEL D. GARDNER, and KENDALL SUMMERS** were all living at the time of Decedent's death.

5. This Affidavit is being provided to clarify title to all real property **KENNETH RAY GARDNER** may have had interest in after the time of his death, including but not exclusive to the property commonly known as: **1125 Sioux Terrace, Madison, Davidson County,**

**Tennessee 37115**, Map/Parcel ID: 052 080 19000; said Register's Office for Davidson County, Tennessee.

6. That this Affidavit of Heirship is being prepared for the purposes established in Tenn. Code Ann. 30-2-712, and the Affiant acknowledges that their execution of the same is subject to and governed by the penalties set forth in Section (f) of the same statute, and that this Affidavit is not made for any fraudulent purpose.

7. That the Affiant acknowledges that this Affidavit of Heirship may be relied upon by third parties in order to establish chain of title by descent and distribution.

**Further, Affiant saith not.**

**SILAS P. GARDNER**
***Affiant***

SUBSCRIBED AND SWORN TO before me this 20 day of December, 2022.

Notary Public

My Commission Expires: 12/03/2022

[SEAL]

RUSSELL E. FREEMAN
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

**STATE OF TENNESSEE**

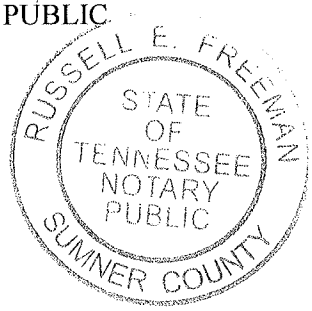
**COUNTY OF** Davidson

Personally appeared before me, Russell E. Freeman, a Notary Public in and for said County and State, **SILAS P. GARDNER**, the within named individual, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Goodlettsville, Tennessee, this the 20 day of December, 2022.

NOTARY PUBLIC

My Commission Expires: 12/03/2022
[SEAL]



TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV
#

December 21, 2022

Russell E. Freeman
885 Conference Dr., #500
Goodlettsville, TN 37072

RE: Gardner, Kenneth Ray Date of Death: 2/17/2020 SSN: xxx-xx-1225
Our File Number: 85909

Russell E. Freeman:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

**This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to any Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust when making such a request.**

Sincerely,

Joan Jackson

TennCare RFR Processing Unit



202212210131882

## CERTIFICATE OF AUTHENTICITY

I, **Russell Freeman**, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on 12/20/22 [DATE].

**AFFIANT SIGNATURE**

12/20/2022

**DATE**

**STATE OF TENNESSEE**
**COUNTY OF DAVIDSON**

Sworn to and subscribed before me on this the 20 day of December, 2022.

Notary Signature
My Commission Expires: 7/22/25
[SEAL]

